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ABSTRACT

The issue of quality in substance abuse treatment is often complicated due to persistent discrimination against people with drug and alcohol disease. The result is a self-perpetuating cycle of poor outcomes and misperceptions about the disease. However, research shows that treatment for drug and alcohol conditions, when properly delivered, can lead to significant reductions in drinking and drug taking, and major improvements in physical and mental health and social functioning. The purpose of this Action Kit is to help community leaders develop and implement a strategy to increase standards of quality for substance abuse treatment. This document can be a blueprint for members of communities to understand the current landscape and to create a new standard of care for those seeking to recover from substance abuse. It is based on the scientific literature on effective treatment and the work of those who have studied and developed a framework on quality treatment performance measures. Using the National Institute on Drug Abuse's (NIDA) "Principles of Drug Addiction Treatment," the kit offers tips and activities for communities working to improve the quality of substance abuse treatment. A worksheet for putting the NIDA principles to work is included. (GCP)

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JOIN TOGETHER ACTION KIT

Spring 2002

Substance Abuse: Improving the Quality of Treatment

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Substance Abuse: Improving the Quality of Treatment

In September 2000, Join Together created a national initiative to strengthen community capacity to expand the demand for and supply of high quality drug and alcohol treatment. Demand Treatment! challenges communities to develop and implement strategies to drive up the demand for screening and treatment across the entire spectrum of alcohol and drug problems, and improve the quality of specialized treatment and recovery programs. The Demand Treatment! initiative is based on the following facts:

- Most people with drug and alcohol problems do not get the help they need.
- Many of the social and medical institutions that could help identify and treat people with substance abuse disorders fail to do so.
- No one person or institution in a community is responsible for increasing the demand for treatment.
- There is a wide disparity between research on quality substance abuse treatment and its delivery at the local level.

The National Institute on Drug Abuse (NIDA) brings the power of science to bear on drug abuse and addiction through strategic support of research across a broad range of disciplines, and rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy. For the past 27 years, NIDA has been exploring the biomedical and behavioral foundations of drug abuse. NIDA's scientific research program addresses the most fundamental and essential questions about drug abuse, ranging from its causes and consequences to its prevention and treatment. NIDA provided generous support to Join Together for the development of this document.

This Action Kit is designed to help local leaders use NIDA's *Principles of Drug Addiction Treatment* and local information as the bases for developing and implementing strong consumer oriented quality improvement programs that will encourage more people to seek treatment and provide better outcomes for all who get treatment in their communities.

For additional copies of this document, please visit www.jointogether.org/dt, send e-mail to info@jointogether.org, or call 617-437-1500.

Improving the Quality of Substance Abuse Treatment

Spring 2002

Drug and alcohol addiction and their related problems have existed for centuries. Large-scale research and treatment programs, however, are relatively new. In fact, enormous progress has been made in the past 25 years alone in understanding the biological, genetic, and behavioral elements of substance abuse and developing effective treatments.

As in most other fields of health care, a wide gap exists between practice and the best possible results. The issue of quality in substance abuse treatment, though, is even worse due to persistent discrimination against people with drug and alcohol disease.

- Insurance coverage for treatment is not equal to that of other chronic, relapsing conditions.
- Access to treatment is severely constrained.
- Many public and private payers refuse to adequately fund alcohol and drug treatment or to meet standards of care.
- When help is available, addiction is frequently treated as an acute condition when it is, in fact, a chronic, relapsing disease like hypertension, asthma, and diabetes and should be treated as such.[1]

The result is a self-perpetuating cycle of poor outcomes and the misperceptions about the disease. However, research shows that treatment for drug and alcohol conditions, when properly delivered, can lead to significant reductions in drinking and drug taking, and major improvements in physical and mental health and social functioning. (For information about the spectrum of drinking and drug taking and the types of treatment available, see page 6.)

The purpose of this Action Kit is to help community leaders develop and implement a strategy to increase standards of quality for substance abuse treatment. This document can be a blueprint for members of communities to understand the current landscape and to create a new standard of care for those seeking to recover from substance abuse. It is based on the scientific literature on effective treatment and the work of those who have studied and developed a framework on quality treatment performance measures. Using NIDA's *Principles of Drug Addiction Treatment*, the kit offers tips and activities for communities working to improve the quality of substance abuse treatment.

"Many drug dependence treatments are delivered in a manner that is more appropriate for acute care disorders... Imagine this same strategy applied to the treatment of hypertension. Hypertensive patients would be admitted to a 28-day hypertension rehabilitation program, where they would receive group and individual counseling regarding behavioral control of diet, exercise, and lifestyle. Very few would be prescribed medications, since the prevailing insurance restrictions would discourage maintenance medications. Patients completing the program would be discharged to community resources, typically without continued medical monitoring. An evaluation of these patients six to 12 months following discharge would count as successes only those who had remained continuously normotensive for the entire postdischarge period."

McLellan AT et al. "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation." *JAMA* 284(13): 1689-1695, October 4, 2000.

Improving Treatment Quality at the Community Level

Communities can play an essential role in assuring that substance abuse treatment utilizes the highest standard of care possible. Consumers, payers, employers, treatment providers, and health care professionals can come together as a *quality treatment task force* to develop, advocate, and implement a quality improvement agenda that draws upon current scientific research and applies general medical quality measures to the area of substance abuse treatment.

The Work of a Quality Treatment Task Force

- Convene key partners in the community with a stake in improving the local treatment systems.
- Create forums to understand how the community understands addictive disorders and how to set meaningful priorities.
- Study local data to determine the extent of the problem and the nature of those who suffer from addictive disorders.
- Learn from local providers how treatment services are delivered in the community.
- Develop short and long term goals and a strategy to achieve them.
- Create public reporting and accountability processes to inform and educate the community as a whole.

Key Players in the Task Force

Typical partners who must collaborate to address substance abuse services include:

- Health care professionals
- Public and private payers
- Purchasers of health plans
- Representatives from the criminal justice system
- Educators
- People in recovery and their families
- Others who have a vested interest in improving treatment quality.

Health care professionals can contribute to a quality improvement agenda by developing, implementing, applying, and evaluating a continuous quality improvement process that includes research-driven strategies for staff development and performance. Payers play a significant role in improving the quality of treatment by utilizing research-based performance indicators. Consumers, families, employers, and others can be powerful advocates in demanding and promoting a quality treatment agenda and in integrating substance abuse treatment into the community's overall health agenda.

The Washington Circle Group, convened by the Center for Substance Abuse Treatment (CSAT) Office of Managed Care in March 1998, seeks to improve the quality and effectiveness of prevention and treatment services through the use of performance measurement systems. For more information read "Improving Performance Measurement for Alcohol and Other Drug Services" at:
www.samhsa.gov/mc/content/Quality Improvement and Performance Measures/perfmeas.html

Gather Local Data to Support Your Cause

Local data are important to the success of any community plan – they best describe the problems that your community is confronting, and are therefore the most persuasive to your audience. While no single source is comprehensive, consider data from sources listed below as well as from interviewing local treatment providers.

- Health department and hospital statistics on alcohol and drug problems and the health conditions associated with them, such as cirrhosis, hepatitis B and C, HIV/AIDS, and sexually transmitted diseases
- Police, probation, and court statistics on arrests for driving under the influence (DUI), driving while intoxicated (DWI), drug possession, public inebriation, and percent of all arrestees and inmates with substance abuse problems
- Student disciplinary actions for alcohol and drug-related incidents
- Number of treatment providers and slots, length of stay, percentage of health providers trained to identify substance abuse problems, and number of employees covered by employers who offer substance abuse benefits as part of health plans

WE NEED TREATMENT! Treatment and Recovery for New Hampshire People Who Have Alcohol, Tobacco and Other Drug Problems is a collection of data with recommended action steps.
For a copy, go to:
www.new-futures.org/treatment_pages.pdf

Put the NIDA Principles to Work

Another important element of a quality improvement plan is a review of the level of quality treatment already available in a community. This Action Kit uses the *Principles of Drug Abuse Treatment* developed by the National Institute on Drug Abuse (NIDA) as a foundation for building a quality improvement agenda. A worksheet at the end of this document should serve as starting point for discussing quality with local treatment providers and professionals. The worksheet lists the NIDA Principles, some questions to ask, and a scale that can be used for assessment. The questions are indicative of those that community leaders should look for as evidence that the treatment system in their area is able to meet the NIDA Principles. The goal is to give a local quality improvement group a general idea of how near or far the community is from meeting each principle. Quality improvement teams should not focus on finding precise documentation to prove how bad things are; rather, they should develop a sense of the current reality that will help guide a plan to make things better.

When considering local providers, think broadly to account for the many different areas of your community where treatment can occur, including:

- Free-standing or hospital-affiliated detoxification programs
- Community-based or other specialized programs that rely largely on public funds
- Community mental health or primary care centers that include substance abuse treatment
- Private practitioners, who may be licensed social workers, psychologists or psychiatrists who provide care to insured individuals
- Agencies under contract to criminal justice services to provide screening and treatment
- Veterans' hospitals
- Employee and labor assistance programs
- School-based programs for troubled adolescents
- Religiously-oriented institutions like the Salvation Army
- Recovery support programs like Alcoholics Anonymous and others

All of these providers are part of the treatment system and should be part of the quality improvement process.

Set a Strategy for Short-Term and Long-Term Success

Once armed with research-supported knowledge on quality treatment and local performance indicators, the quality treatment task force can build a strategy to promote its agenda. The strategy may consist of activities designed to broaden the base of support, or to influence appropriate institutions and organizations to integrate the quality treatment agenda into their policies and practices. Examples of these activities include:

- **Use local data to drive policies that raise the standards of care in communities.**
    - The Mayor's office in Boise, Idaho, gathered data showing that methamphetamine use is its city's biggest drug problem, and used it to successfully compete for a major federal grant to open a treatment center solely for methamphetamine users.
- **Disseminate NIDA research findings on effective treatment to public and private payers of substance abuse services and work with them to adapt performance measures.**
    - The City of Houston's employee assistance professional (EAP) office is working with its health and behavioral health managed care payers to regulate and adopt standards that reflect community goals for quality.
- **Build partnerships with medical organizations to advocate the use of routine screenings for alcohol and drug problems as part of the overall health assessment of patients in primary care and other clinical settings.**
    - A group in Mobile, Alabama, developed a brochure for medical professionals that educates and instructs them on how to conduct screenings and brief interventions for substance abuse problems. The team also created a brochure for providers detailing treatment options for pregnant women.
- **Work with local treatment providers to increase knowledge and practice of evidence-based research findings on effective substance abuse treatment.**
    - The Yale-New Haven Hospital emergency department hosts a screening, brief intervention, and referral program. The 1999-2000 data show that 82.5% of those patients reached during follow up had contact with a treatment center, and 77.5% were enrolled in treatment.
- **Educate consumers of drug treatment on the NIDA Principles and on how to demand quality for themselves and family members.**
    - Friends of Recovery in Manchester, New Hampshire, has created an advertising campaign targeting young men with substance abuse issues to motivate them to take action and get help. The campaign advertises a toll-free number that connects callers to appropriate substance abuse services.

Gathering Momentum for Change

Improving the quality of substance abuse treatment is an ongoing process. Frequently, communities delay taking action because they feel they need broader involvement or additional information. *While getting the "right people" involved and having access to the most appropriate data is important, all the pieces generally do not come together at the same time.* Engaging and cultivating additional leadership and broadening the base of updated information are part of the ongoing nature of a quality substance abuse treatment task force. Communities must act *and* develop simultaneously.

The success of any task force lies in its ability to define realistic and achievable goals and objectives. No one group, organization, or partnership can achieve everything. Pick achievable milestones and develop mechanisms to obtain practical suggestions for actions. It is not enough to provide seminars or community meetings to "air issues." The task force must get practical ideas and prioritize things that really can be done.

An effective quality substance abuse treatment task force will develop and disseminate continuous feedback to policy makers, providers, payers, consumers, and the community as a whole. Issuing progress reports, score cards, policy panel reports, and other updates is essential to keeping the issue of substance abuse quality treatment on the community's broader health agenda.

Broad-based advocacy for quality substance abuse treatment is not limited to the work of the quality substance abuse treatment task force. *In order to create greater awareness, support, and action, get the message to the larger community.* Write letters to the editor of local newspapers, or urge a recognizable community leader to lend his/her name to an opinion editorial. Have task force members appear on local radio and television talk shows to bring a greater voice to the issue and keep quality in the minds of policy makers, community substance abuse boards, and the community as a whole.

Remember, some members of the community will view addiction as a moral failing rather than a disease. *Use local and national data about the effectiveness of treatment to support your arguments.*

Finally, *remind your audiences that when a community supports effective quality substance abuse treatment, everyone wins.* Every community should ensure that:

- There is a system for screening that identifies people at the early stages of their condition.
- There is a system of care that is responsive to individuals and their unique situations.
- There is a system of monitoring and aftercare that assures sustained disease management.
- There is a process for continuous feedback and system improvement.

When these things are in place, communities improve the chances of having contributing individuals, unified and functional families, and a productive and thriving workforce.

Background Information about Treatment

The use of alcohol and prescription and illicit drugs affect people in different ways with varying degrees of risk and harm. Virtually all drinking and drug taking starts voluntarily. However, genetics, environmental factors, and other health conditions can lead to different results in different people.

Of adult Americans, about 5% become dependent on alcohol. But about 20%, or 40 million Americans, drink in a way that is potentially harmful to themselves or others. Another 35% percent drink moderately and at low risk, and about 40% drink infrequently or not at all.[3]

Virtually all drugs of abuse have in common their effects on a single pathway in the brain, the mesolimbic reward system. Activation of this system seems to be one reason why people continue using drugs. As use continues, measurable changes occur in the brain, which are thought to underlie the development of addiction. It's as if a switch is thrown in the brain resulting in compulsive drug seeking and use.

The impact of addiction is made more complex by its behavioral and social-context components. Quality treatment dictates addressing all facets of addiction.[2]

Substance Abuse Treatment

Substance abuse treatment is comprised of a series of interventions that address the physical, psychological, emotional, and social conditions that contribute to one's dependency or addiction. Substance abuse treatment has three goals:

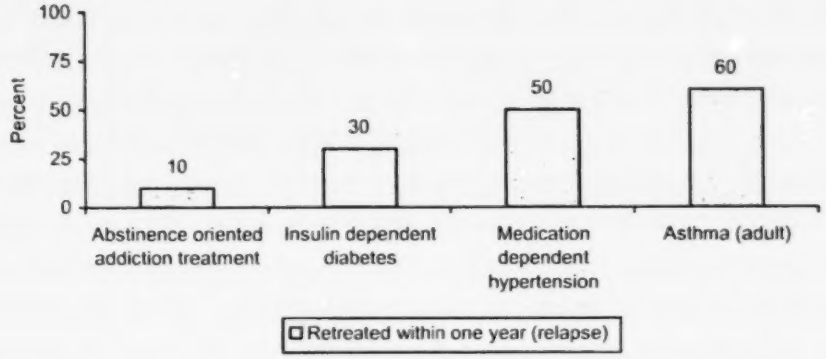
1. Sustained reduction in alcohol and drug use.
2. Sustained increases in personal health and social function.
3. Sustained reductions in threats to public health and safety.[4]

For many years, the only measure of treatment "success" was 12 months of sustained abstinence from alcohol and illicit drugs. This single measure is both too much and too little to expect. Long-term abstinence is an appropriate goal for most addicts, just as long-term control of blood sugar and blood pressure are the goals for diabetes and hypertension treatment. When a patient fails to achieve the goal after an episode of treatment, the appropriate response should be more treatment, not a declaration of "failure."

However, abstinence is also an inadequate goal by itself. If people leave treatment with long-term commitments and the capacity for sobriety but have untreated co-existing conditions, or cannot get decent places to live, find jobs, or get reconnected with family, they may not be able to sustain success. Therefore, a quality improvement agenda must address the long-term nature of recovery and the services people need to improve their chances of leading the better life that treatment opens.

Chronic treatable medical problems like hypertension and diabetes require individuals to continuously monitor and manage their condition. In the same way, people with addiction disorders may require some level of continual support that builds upon the initial treatment experience and helps people manage their addictions and sustain their improved health and social functioning, thereby decreasing the likelihood of relapse.

Relapse Rates in Selected Medical Conditions[5]



Phases of Treatment

One of the precursors of substandard substance abuse treatment quality is a misperception of what is involved. Mention the word "treatment" in relation to substance abuse and many think of long-term residential facilities or detox. In fact, treatment consists of a variety of interventions that are based on a person's addiction severity. Most treatment actually occurs outside long-term residential facilities.

The Spectrum of Treatment[4]

Intervention	Screening	Brief Intervention	Detoxification	Intermediate Care	Long-Term Support
Time Spent	90 seconds to a few minutes	Five to fifteen minutes	3-5 days	90 days or more	Lifetime
Goals	Identify substance use	Change risky behavior and reduce total consumption	Stabilize medically; create treatment plan	Continued abstinence; lifestyle changes	Continued abstinence; adhere to treatment plan
Severity of problem	At risk Dependent Addictive	At risk	Addictive	Dependent Addictive	Dependent Addictive

Substance abuse treatment starts with *screening* using an instrument such as the CAGE Questionnaire, Alcohol Use Disorders Identification Test (AUDIT), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST), or Substance Abuse Subtle Screening Inventory (SASSI). A screening can be done by an emergency room physician, primary care provider or other trained clinician, in an employee assistance program or jail, by a friend, family member, or one's self. Some people require only a *brief intervention*, a time-limited motivational interview that helps match his/her expressed health goals or concerns with a counseling session to encourage changing risky behavior. Others may need *intermediate care* in an outpatient setting or residential facility. Addicts may require medical *detoxification* as a precursor to treatment to ensure that they have completely and systematically withdrawn from addicting drugs before moving to intermediate care. Those leaving intermediate care or detoxification also require *long-term support* – self-help groups, housing, education, vocational training,

and the like – to prevent relapse. Treatment can take place at a county, private, or Veteran's hospital; at community health centers, jails, and prisons; in residential facilities and social service agencies; and in many other places.

Types of Treatment Interventions

Regardless of the setting, research suggests that the most effective approach addresses the biological, psychological, *and* social factors of addiction. This combination of treatments often includes:

- Behavioral therapy
- Medications to address drug cravings and other physical and mental needs
- Social service support
- Attention to other physical and mental health needs
- Self help

Behavioral therapy may include counseling, cognitive therapy, relapse prevention, motivational enhancement therapy, and/or psychotherapy. These therapies address the root causes of substance use, provide self-insight, and teach coping skills and other tools that will help people manage their addictive conditions.

Medications when combined with behavioral therapy can play an important part of the treatment process. Medications such as methadone, LAAM, and naltrexone may help address cravings for those addicted to opiates. Those who use alcohol may benefit from disulfiram (Antabuse) therapy or naltrexone. Nicotine replacement or buproprion help address cravings for individuals addicted to tobacco. Other medications, such as antidepressants and mood stabilizers, are integral to treatment success if individuals have co-existing mental conditions.[6]

In some communities, ideology, lack of knowledge, and inadequate reimbursement prevent the appropriate use of medications as part of treatment. For example, existing providers may have an ideological objection to "treating drug addiction with other drugs" and therefore may not offer methadone treatment to opiate addicts. The impact can be huge; many people who could return to full functioning on methadone remain addicted, or must travel long distances to get treatment.

> Despite a physician's referral for medical necessity, a local methadone clinic was unwilling to readmit a pregnant, opiate-addicted client, stating that a year prior she had been expelled for aggressive behavior. The Medicaid contractor wouldn't pay for the service since methadone isn't part of the state's Medicaid plan. The case manager had to arrange for the client to be accepted to a private clinic on a special basis since that clinic wasn't licensed by a key state regulatory department. The case manager continues to transport the client 3-4 times a week to the private clinic, despite the fact that other duties are being adversely affected.
>
> - A local provider[7]

Social service support includes help finding education, vocational services, housing, family services, childcare, and other forms of support. Most specialized treatment organizations lack the resources to effectively address these issues. However, they are an integral component to long-term success. A community's quality improvement agenda needs to work to connect these services to the treatment process if they are not already. An essential part of a quality improvement program is a community strategy that facilitates client-centered collaboration among the many different social support services a person needs to begin effective recovery.

Attention to other physical and mental needs recognizes that people with addictive disorders frequently have other serious health concerns that also require treatment. For example, many drug addicts, particularly those injecting drugs, are at increased risk for HIV, hepatitis B and C, tuberculosis, and sexually transmitted diseases.[8] By recognizing and treating co-existing conditions, the treatment system may see higher patient satisfaction and better outcomes—and save money.

Self help, through groups such as Alcoholics Anonymous or Narcotics Anonymous, as well as friends and family, plays an important role in helping someone remain in recovery.

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[1] McLellan AT, Lewis DC, O'Brien CP, and Kleber HD. "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation." *JAMA* 284(13): 1689-1695, October 4, 2000.
[2] Leshner AI. "Addiction is a Brain Disease, and it Matters." *Science* 278: 45-47, October 1997.
[3] Higgins-Biddle JC, Babor TF, Mullahy J, Daniels J, and McRee B. "Alcohol Screening and Brief Intervention: Where Research Meets Practice." *Connecticut Medicine* 61(9): 565-575, September 1997.
[4] McLellan AT. " The Outcomes Movement in Substance Abuse Treatment: Comments, Concerns and Criticisms." In J. Sorenson and R. Rawson (Editors) *Contemporary Addiction Treatment*. New York: Haworth Press, 2002.
[5] Physician Leadership on National Drug Policy. *Position Paper on Drug Policy*. January 2000, p. 41.
[6] NIDA. *Principles of Drug Addiction Treatment: A Research Based Guide*. October 1999, p. 13, 14 and 43.
[7] From the Join Together Speak Up! Forum: www.jointogether.org/speakup
[8] NIDA. *Principles of Drug Addiction Treatment: A Research Based Guide*. October 1999, p. 20.

WORKSHEET: Put the NIDA Principles to Work

NIDA Principle	Some Guiding Questions	How Does Your Community Address the Principles? *Inadequately* 1 2 3 4 5 *Adequately*
1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.	• Does your community have a variety of treatment approaches to meet individuals' specific and unique needs? • See page 3 for some examples of treatment providers, and pages 8-9 for a list of interventions used by those providers.	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
2. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available.	• Is treatment available in an appropriate period of time depending on individual severity, including immediately if needed? • Do treatment programs have waiting lists? • Is there a current directory of referral resources? • Are there data available on waiting times for treatment? • Is treatment accessible and easy to get to (particularly by public transportation)? • Are there different options based on one's ability to pay?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.	• Do all clients receive full medical and mental health evaluations? • Are they placed in appropriate care that is coordinated with their substance abuse treatment? • Do post-treatment plans include housing, job, and family reconnection? • Are friends or family members involved in the process and provided with services or appropriate referrals to enable them to participate in recovery? • Does the community have treatment programs appropriate to type of addiction, age, gender, ethnicity, culture, and sexual orientation? • Are all treatment facilities accredited or licensed, clean, organized, and well run? • Do facilities have mechanisms to collect and report client outcomes?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*

4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.	• Are treatment plans reviewed and revised at various stages of treatment? • Do programs provide treatment plans unique to each individual? • Do senior clinicians review the plans? • Do treatment providers get input from patients and their friends or family members during the development and revisions of treatment plans? • Are programs appropriate to addiction, age, gender, ethnicity, culture, and sexual orientation?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends upon his/her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.	• Do authorization protocols of managed care and state providers match duration standards? • Are treatment providers measured and motivated on how well they retain clients in treatment? • Do providers reinforce the treatment regimen when someone relapses? • Are efforts made to find out who does not return after a first visit, and why?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.	• Do treatment programs use an appropriate blend of individual and group counseling based on individual, not program, needs? • Do trained and licensed or certified physicians, counselors, or therapists facilitate counseling? • Is counseling appropriate to addiction, age, gender, ethnicity, culture, education level, and sexual orientation?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and LAAM are very effective in helping individuals who are addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product or an oral medication can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.	• Do providers use medications to treat drug cravings, pain, depression, anxiety, and other co-occurring conditions in conjunction with other forms of therapy? • Does someone in the community review the latest information on medication use and disseminate the findings?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.	• Does every client get a full mental health evaluation? • Are needed services provided simultaneously with substance abuse treatment? • Do mental health and substance abuse treatment providers and payers recognize the overlapping nature of the diseases and organize their services accordingly? • Are appropriate medications available specifically for mental disorders? • Are there reimbursement mechanisms in place to pay for them?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.	• Do treatment programs provide an integrated and comprehensive process that includes medically supervised detoxification, treatment, and aftercare? • Do people who need detoxification get it quickly and safely? • Do consumers, clinicians, police agencies, social service providers and others know how to access detox? • Is every client connected to follow-up treatment prior to discharge? • Do providers and payers have a commitment to appropriately place every client in further treatment if possible? • Is there a mechanism in place to carry out such commitments?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*

10. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.	• Do employee assistance programs have "contracts" or other procedures to increase the likelihood of treatment compliance? • Do courts, probation, and parole programs have strong monitoring and sanctions systems in place to increase treatment compliance? • Does your community have a "drug court"? • Are people convicted of drunk driving required to participate in assessment and appropriate treatment as a condition of release?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
11. Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.	• Are people who test positive during treatment placed in more intensive treatment with skilled professionals who can assess and redirect their treatment regimens?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.	• Do all clients get a thorough physical exam and history at the beginning of treatment and get placed in appropriate care simultaneous to substance abuse treatment? • Is reimbursement in place to enable this to happen? • Are people with infectious disease identified screened for substance abuse and referred to treatment if needed?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.	• Is relapse prevention a part of all treatment? • Does every client have a connection to the services s/he needs prior to discharge from treatment? • Are a patient's advocates involved in a plan to support a client's recovery?	1 2 3 4 5 *Areas of strength:* *Areas that need improvement:*

NOTES

JOIN TOGETHER FAXBACK FORM

Fax to: 617-437-9394

Substance Abuse: Improving the Quality of Treatment

Action Kit

Name_____

Community_____

"We used the worksheet in the Action Kit and here is what we learned about our community's strengths and needs for improvement":

_____

_____

_____

_____

"Here is how we are improving treatment quality in our community..."

- ❑ Have formed a quality treatment task force (please tell us more about it):

- ❑ Gathering local data (please tell us more about it):

- ❑ Forming a strategy (please tell us more about it):

- ❑ Educating consumers about quality (please tell us more about it):

"I found the information in this Action Kit useful." (1 – 5 Least to Most):

❑1 ❑2 ❑3 ❑4 ❑5

Explain:_____

_____

"I want to connect with others who are concerned with treatment quality":

My email address: _____

Phone: _____

Fax: _____

Mail:_____

_____

Please send me ___ additional copies of the Action Kit. I plan to use them:

_____

_____

_____

_____

NOTES

Join Together - Demand Treatment!

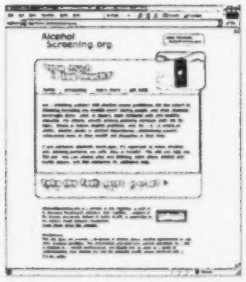
Demand Treatment! is a national community-based initiative to increase the number of people who get quality treatment for alcohol and other drug problems.

Demand Treatment! has four strategic elements:

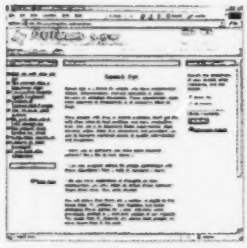
- Leadership: Someone or some group must accept the job or responsibility for assuring accessible quality treatment.
- Information for Action: Consumers, family members, and others must get the information they need to find and make intelligent choices about treatment.
- Quality Improvement: Communities must establish and ensure standards for quality treatment for substance abuse.
- End Discrimination: Eliminate discrimination against persons who seek treatment, sobriety, and recovery by working to achieve insurance coverage for substance abuse treatment at parity with other illnesses and diseases.

Demand Treatment! is a project of Join Together and is supported by the Robert Wood Johnson Foundation, with additional support from the National Institute on Drug Abuse, the National Institute of Alcohol Abuse and Alcoholism, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention.

Demand Treatment! in your community – use and promote these online tools.



Promote Alcohol Screening – AlcoholScreening.org helps individuals assess their alcohol consumption patterns. Through education and referral, the site urges those whose drinking is harmful or hazardous to take positive action, and informs all adults who consume alcohol about guidelines and caveats for lower-risk drinking. Link AlcoholScreening.org to your organization's Web site, and ask organizations in your community to do the same. For your convenience, professionally designed banner ads are located at: www.jointogether.org/promote

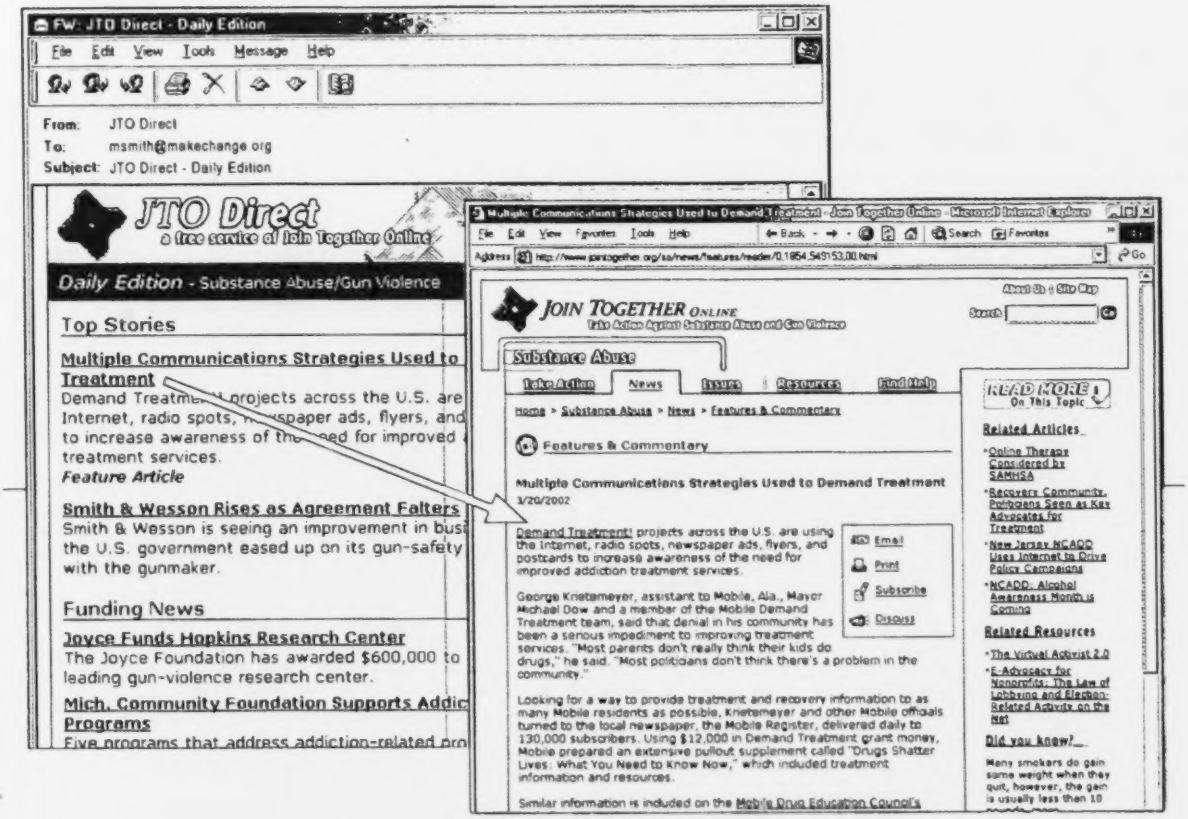


Speak Up About Discrimination – Have you or someone you know been treated unfairly when seeking help for alcohol or other drug problems? Tell your story and suggest actions that people can take when they are confronted with these barriers. To participate, visit: www.jointogether.org/speakup

BEST COPY AVAILABLE

BEST COPY AVAILABLE

With JTO Direct email, you won't miss important news, funding opportunities, action alerts and new resources – they'll come right to your in-box!


FW: JTO Direct - Daily Edition
File Edit View Tools Message Help
From: JTO Direct
To: msmith@makechange.org
Subject: JTO Direct - Daily Edition
JTO Direct
a free service of Join Together Online
Daily Edition - Substance Abuse/Gun Violence
Top Stories
Multiple Communications Strategies Used to Demand Treatment
Demand Treatment projects across the U.S. are using the Internet, radio spots, newspaper ads, flyers, and postcards to increase awareness of the need for improved addiction treatment services.
Feature Article
Smith & Wesson Rises as Agreement Falters
Smith & Wesson is seeing an improvement in business since the U.S. government eased up on its gun-safety agreement with the gunmaker.
Funding News
Joyce Funds Hopkins Research Center
The Joyce Foundation has awarded $600,000 to a leading gun-violence research center.
Mich. Community Foundation Supports Addiction Programs
Five programs that address addiction-related problems
Multiple Communications Strategies Used to Demand Treatment - Join Together Online - Microsoft Internet Explorer
JOIN TOGETHER ONLINE
Substance Abuse
Take Action | News | Issues | Resources | Find Help
Home > Substance Abuse > News > Features & Commentary
Features & Commentary
Multiple Communications Strategies Used to Demand Treatment
1/20/2002
Demand Treatment projects across the U.S. are using the Internet, radio spots, newspaper ads, flyers, and postcards to increase awareness of the need for improved addiction treatment services.
George Knetemeyer, assistant to Mobile, Ala., Mayor Michael Dow and a member of the Mobile Demand Treatment team, said that denial in his community has been a serious impediment to improving treatment services. "Most parents don't really think their kids do drugs," he said. "Most politicians don't think there's a problem in the community."
Looking for a way to provide treatment and recovery information to as many Mobile residents as possible, Knetemeyer and other Mobile officials turned to the local newspaper, the Mobile Register, delivered daily to 130,000 subscribers. Using $12,000 in Demand Treatment grant money, Mobile prepared an extensive pullout supplement called "Drugs Shatter Lives: What You Need to Know Now," which included treatment information and resources.
Similar information is included on the Mobile Drug Education Council's
Email
Print
Subscribe
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READ MORE On This Topic
Related Articles
Online Therapy Considered by SAMHSA
Recovery Community, Politicians Seen as Key Advocates For Treatment
New Jersey NCADD Uses Internet to Drive Policy Campaigns
NCADD: Alcohol Awareness Month is Coming
Related Resources
The Virtual Activist 2.0
E-Advocacy for Nonprofits: The Law of Lobbying and Election-Related Activity on the Net
Did you know?
Many smokers do gain some weight when they quit, however, the gain is usually less than 10

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